SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 9:30

DOCUMENT # **813958** **(6)**

1. Corporation Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY OF NEW YORK

Principal Place of Business	Mailing Address
2 PARK AVENUE NEW YORK NY 10016	2100 SE MAIN STREET SUITE 400 IRVINE CA 92714 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1959**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 17911 Von Karman
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: #500
City & State — 23:
City & State — 28: Irvine, CA
Zip — 24: / County — 25:
Zip — 29: 92714 / County — 30: USA

4. FEI Number: **13-1286310** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PERNA, LANCE E
1101 BRICKELL AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Karla Staker
82 Street Address (P.O. Box Number is Not Acceptable): 280 Wekiva Springs Rd.
83: Suite 148
84 City: Longwood **FL** 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Karla Staker — 7/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	11 TITLE	DC	☒ Change ☐ Addition
NAME	FOLEY, WILLIAM P II	12 NAME		
STREET ADDRESS	2100 SE MAIN ST, STE. 400	13 STREET ADDRESS	17911 Von Karman, Suite 500	
CITY-ST-ZIP	IRVINE CA 92714	14 CITY-ST-ZIP	Irvine, CA 92714	
TITLE	VT	21 TITLE	DVT	☒ Change ☐ Addition
NAME	STRUNK, CARL A	22 NAME		
STREET ADDRESS	2100 SE MAIN STREET, SUITE 400	23 STREET ADDRESS	17911 Von Karman, Suite 500	
CITY-ST-ZIP	IRVINE CA 92714	24 CITY-ST-ZIP	Irvine, CA 92714	
TITLE	S	31 TITLE	D	☐ Change ☒ Addition
NAME	STURGEON, MONTE R	32 NAME	Stone, Patrick F.	
STREET ADDRESS	2100 SE MAIN STREET, SUITE 400	33 STREET ADDRESS	17911 Von Karman, Suite 500	
CITY-ST-ZIP	IRVINE CA 92714	34 CITY-ST-ZIP	Irvine, CA 92714	
TITLE	V	41 TITLE	DEV	☒ Change ☐ Addition
NAME	WILLEY, FRANK P	42 NAME		
STREET ADDRESS	2100 SE MAIN STREET, SUITE 400	43 STREET ADDRESS	17911 Von Karman, Suite 500	
CITY-ST-ZIP	IRVINE CA 92714	44 CITY-ST-ZIP	Irvine, CA 92714	
TITLE	VS	51 TITLE	DVS	☒ Change ☐ Addition
NAME	WIMER, CHARLES H	52 NAME		
STREET ADDRESS	2 PARK AVENUE	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10016	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	See attached for list of	☐ Change ☐ Addition
NAME	RICHARDS, JONATHAN A.	62 NAME	additional directors.	
STREET ADDRESS	2 PARK AVENUE, 3RD FLOOR	63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information indicated with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: July 5, 1995 (800) 713-6566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carl A. Strunk, Director

01Y8352 FF

813958

EXHIBIT A

FIDELITY NATIONAL TITLE INSURANCE COMPANY OF NEW YORK

ADDITIONAL DIRECTORS

MORAN, JAMES
1149 Old County Road
Riverhead, NY 11901

QUINTERO, CHRISTOPHER J.
2 PARK AVENUE, 3rd FLOOR
NEW YORK, NY 10016